

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|-----------------------------------|---|-----------------|---------------|
| 1 Date of Request: <u>26 May 05</u> | | 2 Serial/Patent # <u>10/518410</u> | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| | Filing | | | \$ |
| | Amendment | | | \$ |
| | Extension of Time | | | \$ |
| | Notice of Appeal/Appeal | | | \$ |
| | Petition | | | \$ |
| | Issue | | | \$ |
| | Cert of Correction/Terminal Disc. | | | \$ |
| | Maintenance | | | \$ |
| | Assignment | | | \$ |
| <input checked="" type="checkbox"/> | Other <u>Multiple Claims Fee</u> | | | \$ <u>360</u> |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ <u>360</u> |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | |
| | Overpayment | Treasury Check | | |
| | Duplicate Payment | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | |
| | No Fee Due (Explanation): | <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 0 2 -- 2 4 4 8 </div> | | |
| | | | | |
| | | | | |
| | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: <u>Francine Young</u> | | TITLE: <u>Paralegal</u> | | |
| SIGNATURE: _____ | | PHONE: _____ | | |
| OFFICE: _____ | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: _____ | | DATE: _____ | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: